United Nations E/CN.9/2012/NGO/7

Economic and Social Council

Distr.: General
7 February 2012

Original: English

Commission on Population and Development
Forty-fifth session
23-27 April 2012
Item 4 of the provisional agenda*
General debate on national experience in population matters: adolescents and youth

Statement submitted by Equidad de Género: Ciudadanía, Trabajo y Familia, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2012/2.

12-22471 (E) 280212

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Statement

It has been well established that in order for the eight Millennium Development Goals to be fulfilled, the Programme of Action of the International Conference on Population and Development, along with benchmarks added at the five-year review of its implementation, must be fully carried out. This is particularly true with regard to ensuring universal access to reproductive health, which has been described as central to meeting the Goals, and has been included as a target of Goal 5. In the case of adolescents and young people, universal access to reproductive health necessitates that countries protect and promote the rights of adolescents to reproductive health education, information and care, as stipulated in the Programme of Action.

The Mexican Government has made significant advances towards the actions established to increase the access of adolescents and young people to sexual and reproductive health over the past 18 years. The Specific Action Programme: Adolescent Sexual and Reproductive Health, which has been implemented during the current administration (2006-2012), strives to meet many of the commitments set out in the Programme of Action, namely, with regard to the development of appropriate services for adolescents and access to information on sexual and reproductive matters (see sect. E, para. 7.45, of the Programme of Action).

While these efforts are commendable, they have proved to be insufficient to meet the need. Recent investigations by non-governmental organizations have identified a lack of knowledge of contraceptive methods and misinformation about sexually transmitted infections, including HIV/AIDS, as well as barriers to reproductive health care for adolescents. Given these challenges, not surprisingly, the 2009 National Survey of Demographic Dynamics reported an increase in the adolescent fertility rate during the 2006-2008 period.

Equidad de Género: Ciudadanía, Trabajo y Familia has worked to improve the sexual and reproductive health of adolescents and youth throughout Mexico since 2000. In order to strengthen and evaluate its work with indigenous and rural populations, the organization carried out a quantitative baseline study in order to understand indigenous and rural adolescents' knowledge, attitudes and practices with regard to sexual and reproductive health and rights. Although Mexico is considered an upper-middle-income country by the Development Assistance Committee of the Organization for Economic Cooperation and Development, it has great internal inequalities, and indigenous and rural communities in Mexico have among the highest marginalization indices in the country. The study was implemented by an external agency between 19 June and 12 July 2011 by means of a survey carried out among 846 adolescents and young people between the ages of 15 and 24 in 13 communities, located within eight municipalities in four states (Chiapas, Guerrero, Hidalgo and Oaxaca).

In this study, it is notable that 97.5 per cent of the adolescents and young people surveyed had heard of at least one contraceptive method, with the condom being the most frequently identified (96.9 per cent). This coincides with the 75.4 per cent of those who have already initiated sexual relations (52.6 per cent) who reported regularly using condoms during intercourse. While these are positive indicators of knowledge and practice, only 40 per cent of those surveyed could identify the methods of action for other contraceptive means, such as implants, the

intrauterine device (IUD) and emergency contraception. Additionally, when asked about their first sexual relationship, only 53.5 per cent of adolescents and young people reported having used a method to prevent pregnancy or sexually transmitted infections. Of particular concern is the fact that that a mere 36.7 per cent of women reported using a method for these purposes the first time they had intercourse.

This study also revealed significant misinformation with regard to sexually transmitted infections and HIV/AIDS. In particular, 47.6 per cent of the adolescents and young people surveyed thought that sexually transmitted infections could be acquired by using a public bathroom and 41.5 per cent thought that someone could acquire HIV/AIDS by using the same utensils as someone infected with the virus. Finally, and of particular concern for detection strategies, 44.6 per cent thought that a Pap smear could identify HIV/AIDS.

Among the rural and indigenous population surveyed, adolescent pregnancy continues to be high, with 41.9 per cent having had their first child before 18 years of age. Not surprisingly, only a little more than half (57 per cent) of those surveyed identified adolescent pregnancy as a problem.

With respect to access to sexual and reproductive health services, 62 per cent of adolescents and young people surveyed identified pharmacies as their primary source of contraceptive methods, while 24.3 per cent identified public health centres as a distant second. Only 3.1 per cent of those surveyed had sought out contraceptive methods at a public health centre in the past year. This is particularly worrisome given that public policy in Mexico stipulates that contraception should be extended to the population free of charge at public health centres. Of the 3.1 per cent of adolescents and young people who had gone to public health centres for contraception, 92.9 per cent had been provided with a method, with 71.4 per cent receiving a contraceptive injection and 14.3 per cent receiving condoms. It is worth mentioning that the percentage of those who received a method during their visit is relatively high in comparison with other studies carried out by Equidad de Género: Ciudadanía, Trabajo y Familia in other parts of the country, and among other population groups. Despite the high percentage of the provision of methods to those who used public health services, these numbers also show that few adolescents and young people in indigenous and rural communities are receiving appropriate counselling along with their contraception, since pharmacies do not provide this type of service. Considering the misinformation that exists concerning sexual and reproductive health, as observed in this study, the lack of coverage of public health services for this population poses a risk for adolescents and young people who are initiating their sexual activity. It is a cause for hope that 46.7 per cent of the adolescents and young people surveyed said that they would feel comfortable requesting contraceptive methods at a public health centre; in fact, this is more than the number of those who would feel comfortable doing so at a pharmacy (33.9 per cent). It is possible that the gap between these latter percentages and the reality of attendance at public health centres may be a result of service barriers such as hours of operation, locations and wait times, all of which are factors that should be considered in the provision of youth-friendly services.

Over 77 per cent of the adolescents and young people surveyed for this study believed that they lacked information on sexual and reproductive health, with 43.6 per cent identifying contraceptive methods as a key topic and 36.4 per cent identifying sexually transmitted infections. Notably, 49.7 per cent indicated that the

provision of information about sexuality would postpone the initiation of their sexual activity, which corresponds with the results of other studies on sexuality education. For 40 per cent of the adolescents and young people surveyed, the primary sources of information on these topics are their teachers and school psychologists, and for 14 per cent, their parents are the primary sources of information. Given that the national curriculum for basic education in Mexico is one of the most progressive in the world and that sexuality and reproduction, modern contraception and the prevention of sexually transmitted infections have been incorporated into it since 1974, this is a positive sign. However, the very same curriculum is frequently undermined by classroom activities that reproduce gender discrimination and treat sexual and reproductive health issues in a superficial manner. Additionally, there is a lack of earmarked financial resources for comprehensive sexuality education as well as quality educational materials. Finally, the weakened separation of church and State is a constant threat to the provision of age-appropriate and accurate sexual health information. Mexico needs to address these challenges in the educational system in order for these young people to truly benefit from the information provided there.

As the results of this study demonstrate, Mexican public policy has had moderate success in providing basic information on sexual and reproductive health to vulnerable populations. However, there is still significant work to be done with regard to deepening this knowledge and ensuring appropriate services for adolescents to help them understand their sexuality and protect them from unwanted pregnancies and sexually transmitted infections, including HIV/AIDS.

One of the ways in which the Mexican State may strengthen its efforts to improve universal access to sexual and reproductive health among adolescents and young people is through greater budget allocation. The most recent fiscal year (2011) was the first in which the Mexican legislature had specifically assigned funding to adolescent sexual and reproductive health. Despite this advance, the amount was insufficient. Even when funding is allocated at the national level, it does not always filter down to the state and municipal levels, where services are actually provided. Funding particularly needs to be increased to ensure coverage of information, education and communication strategies, as well as the availability of a broad range of contraceptive methods and services which, among other attributes, safeguard the right of adolescents to privacy, confidentiality, respect and informed consent.

United Nations E/CN.9/2012/NGO/8

Economic and Social Council

Distr.: General
7 February 2012

Original: English

Commission on Population and Development
Forty-fifth session
23-27 April 2012
Item 4 of the provisional agenda*
General debate on national experience in population matters: adolescents and youth

Statement submitted by New Zealand Family Planning Association, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2012/2.

12-22483 (E) 240212

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Statement

Youthful Pacific: ensuring the sexual and reproductive health and rights of Pacific Island adolescents

Introduction

Too many Pacific Island adolescents[1] suffer a disproportionate burden of poor sexual and reproductive health and rights and are frequently overlooked and underserved in reproductive health policy and programming. This directly contributes to a wide range of negative short- and long-term consequences for the health and well-being of Pacific adolescents, their families and communities. It is also increasingly contributing to broader social and economic challenges that significantly hinder the development of Pacific Island countries and territories. There are huge incentives for investing in adolescents and their sexual and reproductive health:

- Adolescents are the drivers of development and investing in them can help address poverty, socio-economic disparities and gender inequality
- Investing in adolescents enhances efforts to address significant challenges such as HIV, urbanization and climate change
- They are the future generation of parents, leaders and workers and ensuring their health and well-being has huge implications for the health and well-being of their families and communities
- Adolescents are also part of the current generation and are entitled to enjoy the same sexual and reproductive health and rights as adults

The present statement to the Commission on Population and Development outlines what the New Zealand Family Planning International unit of the organization believes are the key sexual and reproductive health and rights-related challenges faced by Pacific adolescents and the consequences of failing to effectively address these. It concludes by making a series of recommendations for overcoming these challenges.

Pacific context

The Pacific consists of 22 small island developing States and is one of the world's most culturally diverse regions. Nonetheless, its many and often unique development challenges are frequently overshadowed by those of larger developing regions, such as Africa and Asia, and the perception that it is a tourist destination, not a developing region. This is despite the fact that the Pacific is second only to sub-Saharan Africa in making the least progress towards the achievement of the Millennium Development Goals. According to the secretariat of the Pacific Island Forum, the major challenges facing the Pacific include climate change and environmental degradation; extreme geographic isolation; limited or difficult to access resources; weak institutional/governance capacity; limited public services such as health, education and infrastructure; increased social unrest/conflict; and a

[1] The United Nations Children's Fund defines "adolescence" as ages 10-19 and "youth" as ages 15-24. Unless the term "youth" is used, the present statement paper uses "adolescent" to encompass both age groups.

vulnerability to natural disasters and economic turmoil. According to the United Nations Children's Fund publication *The State of Pacific Youth 2011*, while poverty is not yet considered e: :me in most parts of the Pacific, it is recognized as worsening, with as many as one in four Pacific youth now living below their national poverty line.

Growing demand for adolescent services and opportunities

In October of 2011, the population of the Pacific passed 10 million and some projections estimate it will reach as many as 17 million by 2050. This is in large part due to continued high fertility, population momentum and limited opportunities for migration. According to the secretariat of the Pacific Community, with around 36 per cent of the region's current population under 15 years of age and 56 per cent under 25 years of age, the age distribution of the Pacific is and will continue to be dominated by a large "youth bulge" for many decades. This large and growing number of young Pacific Island people has important implications for Pacific Island Governments and the region's overall development. In particular, it means there is rapidly growing demand for basic rights, services and opportunities such as health, education and employment. If this demand is appropriately met, not only will the health and well-being of individual Pacific adolescents be ensured, but both Pacific Island countries and territories and the region could substantially benefit from a demographic dividend. However, according to the secretariat of the Pacific Island Forum, the development challenges faced by Governments of Pacific Island countries and territories and their slow progress in overcoming these to date, increasingly indicates that many if not most Pacific Island countries and territories will be unable to adequately meet this demand without significantly increased assistance.

Sexual and reproductive health and rights-related needs of adolescents

It is adolescents, particularly girls, who are considered most at risk of poor sexual and reproductive health and rights in the Pacific. However, the sexual and reproductive health and rights-related needs of adolescents have been among the most overlooked and under-prioritized. This is for a range of reasons, including that sexual and reproductive health and rights-related issues are seen as socially, culturally and politically taboo in most Pacific cultures; with the exception of HIV, the region has seen only very small increases in development assistance for reproductive health programmes and reductions for family planning programmes; deeply ingrained gender inequality continues to severely restrict the ability of many young women and girls to make decisions about their own sexual and reproductive health; social and cultural hierarchies heavily restrict adolescents' ability to make responsible decisions about their sexuality and sexual health; and Governments often lack the capacity, infrastructure and finances to successfully deliver and sustain services. These challenges help to ensure that those who are most at risk of poor sexual and reproductive health and rights are consistently underserved and further perpetuate the current poverty of opportunity for adolescents, especially young women and girls.

Specific current and common barriers to Pacific adolescents accessing comprehensive sexual and reproductive health and rights-related services include:

(a) Public health workers/providers are often not trained in comprehensive adolescent friendly sexual and reproductive health and rights-related services such as family planning, and adolescent-specific health services are rarely available;

(b) Public health workers/providers often discriminate against adolescents;

(c) Sexual and reproductive health and rights-related commodities and supplies are often unavailable due to stock-outs and transport challenges;

(d) Adolescents are often prevented from accessing services by family/relatives and/or travel costs, and can face severe sociocultural repercussions for accessing sexual and reproductive health and rights-related services;

(e) Adolescents often do not know or understand their sexual and reproductive health and rights and have poor access to good sexual and reproductive health and rights-related information/education.

Wide ranging consequences

As a direct consequence of these barriers, the Pacific has some of the world's worst recorded sexual and reproductive health and rights-related indicators, many of which are specific to adolescents. For example, the region has some of the worst recorded rates of sexually transmitted infections (particularly for under-25-year-olds); an average adolescent fertility rate that is only just below the less developed country average of 60, with some, such as the Marshall Islands, as high as 138; consistently high levels of sexual abuse and forced sex among Pacific adolescents; and significant numbers of adolescents regularly engaging in high-risk sexual behaviours. Other sexual and reproductive health and rights-related indicators of concern in the region include high total fertility rates; high rates of sexually transmitted infections; high maternal mortality rates; low contraceptive prevalence rates; high unmet need for family planning services; and high rates of unintended pregnancy.

The negative impacts of these outcomes for adolescents are well known and are recognized as being most devastating for young women and girls. For example, a range of sexual and reproductive health and rights-related consequences, such as high rates of unintended pregnancies, poor reproductive health resulting from sexually transmitted infections and/or sexual abuse and violence, all reduce educational and employment opportunities for young women and girls. In turn, these reduce access to income, which increases both individual and family poverty and perpetuates further the cycle of poor health and limited education.

These impacts reach even further, affecting whole economies of Pacific Island countries and territories by limiting productivity and unnecessarily increasing government expenditure. For example, maternal mortality and morbidity, including violence against women, has been shown to have a significant impact on women's economic productivity. A report in Fiji found the direct and indirect cost of violence against women to be as much as 7 per cent of gross domestic product. Similarly, other outcomes such as unintended pregnancies lead to increased expenditure on education (for example, building schools), on health (for example, for maternal and childcare) and often increase the risk of other negative outcomes such as violence against women, urban crowding and environmental damage.

Recommendations

To ensure that all Pacific adolescents can access quality and comprehensive sexual and reproductive health and rights-related services, the following recommendations should be cooperatively implemented as soon as possible by national Governments, civil society and regional and international donor organizations:

(a) In accordance with the Programme of Action of the International Conference on Population and Development, adolescents should be engaged and involved in decision-making about sexual and reproductive health and rights in the Pacific. Despite research showing high adolescent demand for sexual and reproductive health and rights-related services and more than half of the region's population being under 25 years of age, young people in the Pacific have only a very limited ability to participate in decisions that affect their sexual and reproductive health and rights. Furthermore, research shows that programmes for adolescents are most effective when adolescents have been involved in identifying their needs and designing their programmes;

(b) Donors must increase the percentage of official development assistance made available for sexual and reproductive health and rights-related activities in the Pacific in order to meet the unmet needs of young people. In particular:

(i) The proportion of total official development assistance allocated to family planning and reproductive health must be at least equal to that currently available for HIV and sexually transmitted infection activities. Currently, these are grossly disproportionate and do not appropriately reflect the needs of the region;

(ii) The proportion of official development assistance allocated to adolescent sexual and reproductive health and rights-related services should be more representative of the percentage of individuals under 25 years of age within the reproductive age group. As noted, in most Pacific Island countries and territories, around 50 per cent of the population is 25 years of age or under, yet sexual and reproductive health and rights-related services for young people are rare;

(c) Donors, Governments and civil society must place greater strategic priority on the provision of comprehensive sexuality education and information for all adolescents, both in and out of school. In particular, a concerted effort must be made to ensure that:

(i) Comprehensive sexuality education and information is made part of the national school curriculum and that programmes for the provision of comprehensive sexuality education and information are made available to those adolescents not in school;

(ii) Curricula and programmes incorporate a focus on gender and human rights, and educate young women and particularly young men about the link between sexual and reproductive health and rights and violence against women;

(d) Donors must continue to work closely with national Government and civil society to ensure all adolescents have access to comprehensive and quality clinical sexual and reproductive health and rights-related services. In particular, they must:

(i) Step up their efforts to address current commodity and supply stock-outs caused by transport, storage, distribution and recordkeeping challenges;

(ii) Ensure that all frontline health workers (for example, nurse aids, nurses and doctors) are trained in comprehensive sexual and reproductive health and rights-related services, including family planning, particularly in adolescent-specific sexual and reproductive health and rights-related services;

(iii) Ensure that all health facilities and services meet basic medical standards/requirements, including adolescents' right to privacy, confidentiality, respect and informed consent.